MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

JAN 23 1937

Do not use this space.
1935

1. PLACE OF DEATH
County Jefferson — Registration District No. 424
Township Big River — Primary Registration District No. 5529 — File No. 101
City ~~Grubville~~ — (No. 2, St., Ward) — Registered No.

2. FULL NAME Jennie Gale Adams

(a) Residence, No. 1, St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF James Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 20, 1897

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
39	11	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23
10. Date deceased last worked at this occupation (month and year) 1
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grubville, Mo.

FATHER
13. NAME Lawrence Wilson 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grubville, Mo. 1

MOTHER
15. MAIDEN NAME Laura Henderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Robertsville, Mo.

17. INFORMANT James Adems (ADDRESS) Grubville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethelhem Cem. DATE Jan. 11th, 1937

19. UNDERTAKER ...m. Casey & Co. (ADDRESS) St. Clair, Mo.

20. FILED Jan 19, 1937 W. A. Eaton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8th 1937

22. I HEREBY CERTIFY That I attended deceased from Nov 26 1936, to Jan 8th, 1937
I last saw her alive on Jan 8, 1937. Death is said to have occurred on the date stated above, at 12 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory Pulmonary Influenza	Jan 4/37
Pulmonary Congestion	" 6/37
Other contributory causes of importance: Lobar pneumonia	Jan 8/37

Name of operation — Date of
What test confirmed diagnosis? Clinical symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C. F. Briggle 1, M. D.
(Address) St. Clair, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PEARL, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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